



PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Attorney Docket Number	0756-2188
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ENCLOSURES (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment / Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers
<i>(for an Application)</i>
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Declaration and Power of Attorney
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group
<i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosures
1. RCE
2.
3.
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5.
6. |
|--|--|--|
- Remarks** The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

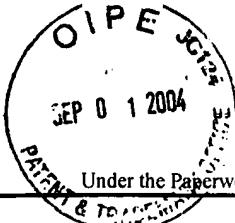
Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	August 30, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Type or printed name			
Signature		Date	August 30, 2004

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FEE TRANSMITTAL FOR FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant Claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 1080.00)

Complete if Known

Application Number	09/619,479
Filing Date	July 19, 2000
First Named Inventor	Shunpei YAMAZAKI et al.
Examiner Name	T. Rude
Group Art Unit	2883
Attorney Docket No.	0756-2188

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-2280**

Deposit Account Name **Robinson Intellectual Property Law Office**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 and credit overpayments

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001	770	2001 385 Utility filing fee	
1002	340	2002 170 Design filing fee	
1003	530	2003 265 Plant filing fee	
1004	770	2004 385 Reissue filing fee	
1005	160	2005 80 Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
	-34** =	X \$18 =	
Independent Claims	-14** =	X \$86 =	
Multiple Dependent		=	

Large Entity Fee Code	Small Entity Fee Code	Fee Description (\$)
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051 65 Surcharge – late filing fee or oath		
1052	50	2052 25 Surcharge – late provisional filing fee or cover sheet		
1053	130	1053 130 Non-English specification		
1812	2,520	1812 2,520 For filing a request for <i>ex parte</i> reexamination		
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action		
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action		
1251	110	2251 55 Extension for reply within first month		
1252	420	2252 210 Extension for reply within second month	\$310	
1253	950	2253 465 Extension for reply within third month		
1254	1,480	2254 740 Extension for reply within fourth month		
1255	2,010	2255 1005 Extension for reply within fifth month		
1401	330	2401 165 Notice of Appeal		
1402	330	2402 165 Filing a brief in support of an appeal		
1403	290	2403 145 Request for oral hearing		
1451	1,510	1451 1,510 Petition to institute a public use proceeding		
1452	110	2452 55 Petition to revive – unavoidable		
1453	1,330	2453 665 Petition to revive – unintentional		
1501	1,330	2501 665 Utility issue fee (or reissue)		
1502	480	2502 240 Design issue fee		
1503	640	2503 320 Plant issue fee		
1460	130	1460 130 Petitions to the Commissioner		
1807	50	1807 50 Processing fee under 37 CR 1.17(q)		
1806	180	1806 180 Submission of Information Disclosure Stmt		
8021	40	8021 40 Recording each patent assignment per property (times number of properties)		
1809	770	2809 385 Filing a submission after final rejection (37 CFR § 1.129(a))		
1810	770	2810 385 For each additional invention to be examined (37 CFR § 1.29(b))		
1801	770	2801 385 Request for Continued Examination (RCE)	\$770	
1802	900	1802 900 Request for expedited examination of a design application		

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 1080.00)

CERTIFICATE OF MAILING

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Adelma J. Stamps

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Eric J. Robinson	Registration No. (Attorney/Agent)	38,285	Telephone	(571) 434-6789
Signature				Date	August 30, 2004